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FACTORS INFLUENCING PATIENT SATISFACTION WITH NURSING CARE IN A MILITARY OUTPATIENT CLINIC

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ABSTRACT

This study focuses on the factors which influence patient satisfaction with nursing care in an Air Force outpatient clinic. The review of literature demonstrates that multiple factors influence patient satisfaction, including perception of a caring attitude by providers, education about their illness and prognosis, and provision of information about preventive health behaviors. Imogene King's Theory of Goal attainment is the conceptual framework used for the study. Demographic data and the Risser Patient Satisfaction Survey (PSS), which is divided into three subscales, including technical-professional, educational relationship, and trusting relationship areas, were collected from 90 patients seen in an acute care clinic in a military facility. The data demonstrated that the technical-professional area, the educational relationship, and the trusting relationship were all positively correlated with overall satisfaction. However, the trusting relationship was most highly correlated with patient satisfaction with nursing care.

CHAPTER 1

THE PROBLEM

Statement of the Problem

As the world moves rapidly into the twenty-first century, changes in health care have arrived with new, unfamiliar terms, such as cost-containment, health maintenance organizations (HMO's), preferred provider organizations (PPO's), and managed care. The focus has returned to family practice medicine and prevention rather than specialized services. Health care has evolved into a business with a penchant for making big profits. Competition for health care dollars is keen, and patients, also known as customers or clients, are shopping for the best buys (Wolfe, 1993). In the interest of retaining clients, organizations are striving to determine what patients want and how to provide those services for them at the lowest price possible (Weiss & Senf, 1990). Fortunately, those things are frequently intangible and involve attitudes, interpersonal skills, and simple courtesies. The entrance of the concept of total quality management (TQM) into the workplace has provided tools for examining concerns and remedying them.

With the increased interest in total quality management (TQM) and consumer satisfaction, businesses, including hospitals and clinics, are seeking to discover exactly what makes people satisfied and returning for care. Some of the characteristics of TQM include making customers' needs a priority, defining quality in terms of the customers' needs, and using sound measurement to gain understanding in how to improve quality (Moss & Garside, 1995). Customer satisfaction surveys, questionnaires, and interviews have become the tools hospital administrators use to

check the pulse of their consumers. Other countries, such as the United Kingdom, have also experienced recent changes in the purchasing and payment of health care. They have been forced to look critically at the consumers' views of satisfaction with nursing care via surveys and questionnaires (Thomas & Bond, 1996).

The United States military, whose health care practices have previously seemed unaffected by the competitive nature of the civilian sector, has recently begun to survey the market for prospective patients with the entrance of managed care and organizational restructuring based on TQM principles. Decreased length of stays in hospitals and fewer admissions equates to more patients receiving health care in outpatient settings, thus shifting the focus to outpatient services (Gonsalves, Minderler, & Tompkins, 1995). As health maintenance organizations become available to military members, the importance of providing the consumer with what he or she seeks from health care has evolved into an issue of survival for military treatment facilities in the increasingly competitive health care arena. In order to provide the consumer with those intangible services he or she seeks, it is necessary to assess those areas related to interpersonal relationships and their effect on the attainment of satisfaction.

Patient satisfaction can have many meanings depending upon whose opinion is sought. Donebedian (as cited in Stein, Fleishman, Mor, & Dresser, 1993, p. 186) defined patient satisfaction as 'the ultimate validator of quality of care'. It may be defined as the degree of positive feelings associated with the clinic visit versus the degree of negativity felt with the clinic experience, or simply as whatever makes the patient happy. Risser (1975) chose to define satisfaction as the degree of congruency between a patient's expectations of ideal care and their perception of the real care received. However one chooses to define it, it is apparent that the survival of health

care organizations depends largely upon the satisfaction of its customers with the care received from its employees.

McDaniel and Nash (1990) state that nursing comprises the largest proportion of employees who provide services to patients. Furthermore, Doering found "satisfaction with nursing care to be the most important factor in predicting overall patient satisfaction" (as cited in Clark, Pokorny, & Brown, 1996, p. 49). Thus, satisfaction with nursing and nursing care is in and of itself an important predictor of positive health care outcomes.

The assessment of patient satisfaction is more than a 'guest relations' questionnaire as those distributed in businesses (Courts, 1995). These types of surveys are prevalent even in hospitals today, but in truth serve little purpose other than providing a hint of satisfaction or dissatisfaction. In order to improve services and meet patient expectations, one must determine what factors detract or add to a patient's perception of satisfaction. Courts (1995) believes that an adequate patient satisfaction instrument evaluates effectiveness of interpersonal relations with staff, skill of technical procedures, attainment of learning through educational offerings, and overall level of satisfaction with care.

The Purpose of the Research

The Air Force Medical Service has been distributing and tallying patient satisfaction questionnaires for years, yet most of the statistics reveal more information about the level of satisfaction rather than the source of satisfaction or dissatisfaction. The purpose of this study is to examine three aspects of nursing care (technical-professional, educational, and trusting relationship) which contribute to satisfaction with nursing care among military beneficiaries receiving care in an Air Force outpatient clinic.

Definition of Terms

For the purposes of this study, the following terms will be used:

Air Force nurse--Individuals who maintain the dual responsibility of registered nurse and military officer.

Educational relationship-- The interactions which occur between the patient and nurse related to the answering of patient questions, explanations of procedures, and demonstration of health care techniques.

Interpersonal relationships--Those interactions which occur between the patient and the nurse during the course of the health care visit and serve to facilitate the formation of a relationship between the two parties.

Medical technicians--Individuals specifically trained by the Air Force to perform limited nursing duties, including but not limited to, obtaining vital signs, assisting physicians, nurse practitioners, or physician's assistants, performing patient hygiene care, placing intravenous lines, administering some hospital-approved medications, performing wound care, and transporting patients within the clinic or hospital.

Military beneficiaries--Anyone eligible to receive health care from a military facility. This may include individuals currently serving on active duty and their dependents, as well as retired military members and their dependents.

Satisfaction--The degree of congruency between a patient's expectations of ideal nursing care and their perception of the real nursing care received (Risser, 1975, p. 46).

Technical-professional relationship--Those interactions between patient and nurse related to the nurse's competent performance of nursing care tasks.

Trusting relationship--Those behaviors that facilitate comfortable interaction and communication between patient and nurse.

Hypothesis

The hypothesis of this study is that the perceived quality of interpersonal relationships exerts the greatest influence on the degree of patient satisfaction experienced. Thus, the factors associated with trusting relationships between patient and nurse are more positively correlated with the overall degree of satisfaction with the nursing care than educational or technical skills.

Significance to Nursing

As patient advocates, professional nurses are responsible for assessing and evaluating patient care needs in order to guide patients toward positive outcomes. Determining the variables related to patient satisfaction can aid practicing nurses in both clinical and administrative roles to evaluate their methods and philosophy of health care delivery and to implement those behaviors or methods which prove most effective in eliciting satisfactory responses.

Summary

Considering the changing health care environment and focus on attracting consumers, the need for valid measures of factors influencing satisfaction is of paramount importance in attracting and maintaining patients. Nurses comprise large numbers of health care employees and have a direct impact on each patient's attitudes regarding their illness and the care they receive. While multiple factors influence a patient's overall satisfaction with health care, it is postulated by this researcher that interpersonal relationships hold the greatest influence on satisfaction level.

CHAPTER 2

REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

Review of Literature

Introduction: Role of Nurses in Promoting Satisfaction

While there are many studies discussing patient satisfaction with physicians and medical care, those focusing on satisfaction with nursing care are relatively limited and focused on specific arenas of care. Findings of the available studies indicate that many factors influence the degree of satisfaction experienced by patients, such as the provision of information, nurses' manner, clinical competence, and the maintenance of patient individuality (Thomas & Bond, 1996). Other factors related to satisfaction with physician and nurse practitioner care include patient education about their diagnosis and prognosis, stress counseling, ability of patients to negotiate treatment options, consistency of continuing care, technical quality of interventions performed, communication patterns of staff, interpersonal relationships with staff, and information about preventive health behaviors (Brody et. al., 1989; Sanchez-Menegay & Stadler, 1994; Gonsalves, Minderler, & Tompkins, 1995). Although patients may view many of these as physician responsibilities, nurses are often the health care providers most capable and able to fill the perceived gaps in these areas by patients.

Case management by nurses has become the current trend in which specially trained nurses act as liaisons and assist patients in negotiating care options. Wolfe (1993) describes a case management model at the New England Medical Center consisting of nurses who help maximize efficiency for patients needing diagnostic and therapeutic services and facilitate patient needs between inpatient and outpatient

services. Likewise, Irwin Army Community Hospital implemented the position of Nurse Case Manager to facilitate continuity and quality of care and to ease the transition from inpatient to outpatient (Gonsalves, Minderler, & Tompkins, 1995).

Collaborative care relationships, such as that formed at Strong Memorial Hospital in Rochester, New York, team a physician and nurse practitioner pair who work in both inpatient and outpatient settings (Wolfe, 1993). As these professional relationships increase in complexity, nurses are gradually assuming more of the previous physician responsibility for patient care. Furthermore, nurses are often involved more heavily in the administration of outpatient clinics (McDermott, 1993) and the resolution of patient complaints over dissatisfaction, which may lead them to greater concern over patient satisfaction.

Sensing the expanding roles of nurses in taking more responsibility for the delivery of primary care, Risser (1975) developed a patient satisfaction tool for evaluating patient attitudes toward nurses and nursing care in primary care settings. She believed that the patient's perspective is an important determinant in defining and validating quality care. Review of research led her to the discovery that interpersonal relationships, professional competence, and perceived quality of care impacted patient satisfaction.

Using the concepts of measurement methodology and nursing characteristics and behaviors, Risser (1975) developed a trial questionnaire. She used interviews with patients, literature reviews, and expert judgments to select items for the initial questionnaire. After Trial I, statistics concerning response range, mean, maximum, minimum, standard deviation, kurtosis, skew, and number of missing responses were calculated. Items were then selected for Trial II based upon internal consistency and interitem correlations of between 0.30 and 0.70. Items which ten percent or more failed to complete or items which received more than 25% 'uncertain' responses were

given low priority for inclusion in Trial II (Risser, 1975, p. 48). Twenty-five items were then selected for the revised questionnaire in order to obtain the desired time length of five to ten minutes.

The results of Risser's (1975) study indicated a negatively skewed distribution. The majority of respondents were highly satisfied with the nursing care received. Her results indicated greater satisfaction with the technical-professional area then the trusting relationship area, yet, the variability of respondent scores were less in the technical-professional area than in the other subscales. Other studies went on to look at these effects on patient satisfaction, as well as the effects of consistency, convenience, gender, and age.

Factors Affecting Satisfaction

Technical expertise. In a study by Brody et al. (1989), the relationship between the desired interventions of patients and those interventions actually received was explored. This particular study also examined patient perceptions about nontechnical versus technical interventions. Many care providers incorrectly assume that patients come to appointments expecting to receive prescriptions to "cure" their ailments with medication or diagnostic tests. Brody et al. (1989) found surprisingly that patients who received nontechnical interventions, such as education ($p<0.001$), stress counseling ($p<0.05$), and negotiation ($p<0.01$) over treatment options reported significantly greater satisfaction levels than those who failed to receive these interventions. Interestingly, technical interventions, such as laboratory testing, examinations, and nondrug treatments, were not significantly related to patient satisfaction, but patients who desired technical interventions and did not receive them reported less satisfaction (Brody et al., 1989).

Conversely, Haq's (1993) study with older adults demonstrated greater satisfaction with technical interventions than with educational interventions. She used

Risser's (1975) Patient Satisfaction Scale with some modifications. Her study examined patient satisfaction with nursing care in a geriatric population from ages mid-50's to 90's. As expected from previous studies, the satisfaction scores were negatively skewed, indicating a high degree overall satisfaction. The greatest satisfaction scores were elicited from the technical-professional area (mean = 26.1 with possible range of 16-28). Only 4.48% of the subjects reported dissatisfaction with care received, and these patients were between the ages of 75-90 years. Haq (1993) posited that older adults may have a lack of understanding about health promotion and its potential health maintenance benefits.

Interpersonal skills. Some studies have focused on the effects of interpersonal skills rather than technical skills on enhancing patient satisfaction. Establishing rapport with patients is necessary to put patients at ease, encourage open discussion of their problems, and build relationships conducive to health promoting behaviors. A good example of effective patient-physician relationships is that of the Air Force flight surgeon and his or her patients. These physicians not only see their patients in their clinics, but they also visit their flying squadrons and provide informal briefings for the pilots in their familiar surroundings.

Air crew members are aware that physical or psychological symptoms may result in their "grounding," or prohibition from flying until medically cleared by the flight surgeon. Therefore, to increase compliance and trust with reporting symptoms, it is only logical that the flight surgeon establish a relationship with the air crew members. Klein (1995) states that the physician-patient relationship "must contain the attributes of trust, honesty, openness, shared responsibility, and equal concern for flying safety and professional goals" (p. 15). Klein's (1995) survey of pilots explored the relationships between different types of encounters with the flight surgeon and the level of rapport of each of them. The study also explored which types of encounters

were most effective in establishing rapport. Findings indicated that squadron visits ranked first in mean number of contacts per year (9.25) and received a mean satisfaction rating of 4.41. Values ranged from 1 (lowest) to 5 (highest) (Klein, 1995). Social contacts ranked next in mean number of contacts per year (2.61) and received a mean satisfaction rating of 4.46. Klein's (1995) study on the flight surgeon's rapport with the pilot reinforces the idea that increased communication with clients increases their satisfaction and compliance.

Ware, Snyder, Wright, and Davies (1983), some of the pioneers in patient satisfaction research, also viewed interpersonal relationships as a critical factor in achieving overall satisfaction. Through an expansive review of 111 theoretical and empirical studies over a 25 year period, they developed a taxonomy for measuring patient satisfaction with medical care which includes interpersonal manner. Their definition of interpersonal manner refers to such concepts as concern, friendliness, and courtesy (Ware, Snyder, Wright, & Davies, 1983). Interpersonal skills may also include the care provider's ability to elicit from the patient his or her expectations of care and subsequently meet their perceived needs. Overall, Sanchez-Menegay and Stalder (1994) reported that physicians often failed to meet patients' expectations. For example, 94% of the patients expected information regarding their diagnosis while only 81% received this information from the physicians. Eighty-two percent of the patients expected information on their prognosis and none of the physicians in the study provided this. On the other hand, physicians provided prescriptions in 72% of the cases while only 54% of the patients reported this as an expectation of the visit. From a nursing standpoint, if one defines patient satisfaction as "the degree of congruency between a patient's expectations of ideal nursing care and the perception of the real nursing care received" (Risser, 1975, p. 46), then the importance of developing a rapport with patients in order to elicit their expectations is underscored.

Consistency and Convenience. Gonsalves, Minderler, & Tompkins (1995) found that consistency and convenience were rated highly by consumers in a needs assessment performed on military beneficiaries. A survey of 859 households examined reasons for dissatisfaction with health care in military versus civilian settings. Two of the top five reasons patients reported seeking health care at places other than military treatment facilities (MTF's) were the easier access to appointments (79%) and the opportunity to see the same provider on each visit. In response to this survey, many changes were implemented, including evening clinics for pediatric patients, updating the telephone appointment system, and appointing a nurse case manager to facilitate the transition of complex patients from inpatients to outpatients (Gonsalves, Minderler, & Tompkins, 1995).

While nurses may have little control over the consistency of the provider seen at each visit, they may exert enough influence in their respective clinics to promote convenient operating hours for patients and consistency in nursing care between visits. In a study by McDermott (1993), patients of an outpatient HIV/AIDS clinic were surveyed regarding their views of the care received. Patients expressed a desire for consistency of nursing care. This was accomplished by providing outpatients with a specified nurse to coordinate their care throughout the duration of their illness, and convenience was improved through restructuring the clinic hours (McDermott, 1993). Although follow-up studies have not been published at this time, it is expected that providing patients with the services they desire will enhance satisfaction.

Effect of Gender and Age. Hall, Irish, Roter, Ehrlich, & Miller (1994) found that gender and age had an effect on patient satisfaction. Patients examined by younger physicians, especially female physicians, reported less satisfaction. Male patients who were treated by younger female physicians reported the least satisfaction in this study. These findings are suggestive of stereotypical attitudes held by the

respondents that older males are more acceptable providers. Another study which examined satisfaction of children, parents, and physicians with pediatric outpatient visits revealed that female children rated their satisfaction with providers more positively than male children (Simonian, Tarnowski, Park, & Bekeny, 1993). Other findings included an increased level of satisfaction in older children, which is likely the result of the ability to reason and interpret interpersonal interactions on a more global, abstract level. In other words, it is possible that the ability to think abstractly and reflect on various aspects of their interactions with health care providers enabled the older children to find greater satisfaction in their visits (Simonian, Tarnowski, Park, & Bekeny, 1993).

Role of Nurse Practitioners

Satisfaction with nurses in nontraditional roles, such as nurse practitioners, has remained high in recent studies. Murphy & Ericson (1995) conducted a study of acceptance of nurse practitioner services by elderly patients in a rural setting and found satisfaction ratings to be uniformly high. Perhaps this is due to the holistic orientation which differentiates nurses and nurses practitioners from other health care providers. Langner & Hutelmyer (1995) found that HIV patients reported a high rate of satisfaction with the nurse practitioner's willingness to include them in the plan of care.

Ramsey et al. (1993) point out that nurse practitioners are accepted by a wide variety of client populations, and provide high quality, effective, and less expensive care for patients. Their study of 101 clients who utilized a nurse-managed clinic employing family nurse practitioners found overwhelmingly that patients were satisfied with health care services received. Ninety-seven percent reported satisfaction with services and 98% stated they would recommend the nurse managed clinic to others (Ramsey et al., 1993). Similarly, Aiken et al. (1993) studied the effectiveness of nurse practitioners' and physicians' care of persons with HIV infection. They discovered that

the nurse practitioners' patients reported 45% fewer problems with their care than did the physicians' patients (p=0.003).

Nurses are educated in the nursing process, which involves the inclusion of the patient in determining aspects of his or her care and the mutual establishment of patient goals. Influenced by a wide array of nursing theorists, such as Margaret Neuman and Rosemarie Parse, nurses and nurse practitioners tend to view the patient as being in control of their own health, and thus, allow them to participate and dictate their own health care. This sense of control may be an important factor in the feeling of satisfaction.

Expectations of Military Beneficiaries

Military beneficiaries expect no less from military medical treatment facilities than that offered in the civilian community and their levels of satisfaction are based on many of the same attributes. In a study of 2,874 beneficiaries by Mangelsdorff (1994), surveys conducted between 1989 and 1992 of retired and active duty Army personnel examined attitudes toward health care received in Army medical treatment facilities. Responses were scored on a five-point scale from "1" to "5" with "5" being "very satisfied." Interpersonal care (mean score 3.4), communication (mean score 3.2), outcomes (mean score 3.3), technical quality (mean score 3.3), and finances (mean score 3.3) received the most positive ratings related to satisfaction. Of those beneficiaries who had utilized civilian health care options, communication (mean score 3.8), outcomes (mean score 3.9), technical quality (mean score 4.0), access (mean score 3.8), finances (mean score 3.2), and interpersonal care (mean score 3.9) were rated the most positive (Mangelsdorff, 1994).

Generally speaking, all of the studies reviewed revealed moderate to high rates of satisfaction with the health care received. This may be due in part to the inability to criticize those health care personnel who have provided help in times of need (Haq,

1993). In the effort to improve the quality of health care received, this study will attempt to examine the factors which contribute or detract from the satisfaction of military beneficiaries with health care received from nurses in the outpatient arena with the expectation that this information can be applicable in other settings as well.

Conceptual Framework

Imogene King's Theory of Goal Attainment is the conceptual framework chosen for this study. King's theory is based in general systems theory and suggests dynamic interrelationships among three subsystems--the personal system, interpersonal systems, and social systems (King, 1992). The personal system consists of individuals interacting with their environment and capable of existing as a total system (Ackermann et al., 1992). Interpersonal systems are comprised of individuals interacting with other people in the form of dyads, triads, or families. Social systems consist of groups of people interacting with others in society with similar interests and concerns (Ackermann et al., 1992).

King (1992) further conceptualizes the nurse-patient relationship as a dyad, each party bringing his or her won set of perceptions, sense of self, view of body image, growth and development, and sense of time and space to an interaction. These interactions involve simultaneous perceptions and communication, both verbal and nonverbal, and should ultimately result in a transaction. This transaction is defined by King as a purposeful interaction which leads to goal attainment (Ackermann et al., 1992). Simply stated, a purposeful interaction = transaction = goal attainment. Inherent in her theory is the belief that goals are mutually set by nurse and patient, which is an essential element in the nursing process as we know it.

Operating within King's systems are her major concepts. Self, body image, perception, learning, growth and development, personal space, and time are concepts related to the personal system (King, 1992). When an interaction occurs, neither party

is aware of the other's personal experiences, feelings, or beliefs that make up that person. These concepts are deeply personal and serve to comprise the individual's demeanor, psyche, and his or her method of coping with the outside world. Thus, the second set of concepts related to the interpersonal system--role, communication, interaction, transaction, interpersonal relations, and stress-- are in some manner products of the personal system. In other words, how one communicates with another is subject to their perception of the other's concern, their own view of self, and their personal level of maturity, both physically and emotionally. Concepts related to the social system are power, organization, authority, status, and decision-making (King, 1992).

The Theory of Goal Attainment purports that nurses and patients bring to the interactions a set of perceptions and communication abilities, both verbal and nonverbal. Communication between the nurse and the patient is sifted through each's judgment and perception which results in an action, a subsequent reaction, interaction, and, ultimately, a transaction. This transaction can be defined in terms of the presence of judgment, perception, action, reaction, and interaction which lead to congruent goal setting (Ackermann et al., 1992; King, 1992).

The goal of the theory is health through mutual goal setting by patient and nurse. King defines health as a dynamic state with illness being an interference in one's life cycle (Ackermann et al., 1992). While she believes health to be a continuous adaptation to internal and external stressors, she views health as a joint function of patient, nurse, physician, and family (Ackermann et al., 1992). Once goals are mutually set by patient and nurse, further transactions must occur to bring about goal attainment and restore optimal health.

Basic to the premise of King's (1992) theory is the ability of one to observe all of these elements of transaction between nurses and patients in concrete situations.

One of King's hypotheses states that 'perceptual congruence in nurse-patient interactions increases mutual goal setting' (as cited in Ackermann et al., 1992, p. 312). A second of King's hypotheses specifically states that 'communication increases mutual goal setting between nurses and patients and leads to satisfaction' (as cited in Ackermann et al., 1992, p. 312).

With these two hypotheses in mind, the researcher designed this study to test these facets of King's theory. The belief that congruency of goal setting and goal attainment leads individuals and families to health appears to be sound reasoning. Likewise, the concepts of communication of patients through interpersonal relationships with clinic nurses should result in interactions and actions which lead to goal agreement and attainment. If factors that influence the satisfaction of patients can be discerned, then goal attainment will be facilitated through improvement of nursing care based on these findings. The nurses' focus can be more appropriately placed in the area or areas with the greatest influence on patients' satisfaction.

Summary

In developing her patient satisfaction tool in 1975, Risser noted the importance of perception in patients' evaluation of health care services She referred to S. H. King's (1962) concept of perception as the link between the stimulus and environment and a person's responses to the stimulus and environment (as cited in Risser, 1975, p. 45). Acceptance of Imogene King's theory that positive, purposeful interactions result in transactions which ultimately result in goal attainment leads one to the belief that nursing actions aimed at improving the interactions should lead to improved mutual goal setting and attainment of these goals. Therefore, determining which factors increase or decrease patient satisfaction may lead to improved goal attainment. In light of Risser's (1975) definition of satisfaction as the degree of congruency between a

patient's expectations of ideal nursing care and their perception of the real nursing care received, King's theory is both applicable and testable.

CHAPTER 3

METHODOLOGY

Design

This descriptive, correlational study was performed in a military treatment facility serving active duty personnel, retirees, and their dependents. Demographic data related to age, gender, frequency of visits, branch of service, and classification of patient as active duty, retiree, or dependent of active duty or retiree was collected. Participants were asked to report their overall satisfaction with the nursing care received, as well as complete the Patient Satisfaction Survey (PSS). Participants were asked to complete a survey at the end of their clinic visit.

The dependent variable was the mean satisfaction score derived from the PSS. Independent variables included age, gender, frequency of visits, branch of service, classification of patients, and reported overall satisfaction. The individual subscales of the PSS, including technical-professional area, educational relationship, and trusting relationship, were also considered independent variables in this study.

Setting

Many military outpatient clinics are staffed primarily by enlisted medical technicians trained in some areas of nursing care. The Family Practice Clinic, the Pediatric Clinic, the Obstetrics and Gynecology Clinic, the Internal Medicine Clinic, and the Acute Care Clinic are staffed by registered nurses and medical technicians. Since the objective of this study was to examine factors which influence satisfaction with nursing care, those outpatient clinics which reported only occasional interaction between patients and registered nurses were excluded from the study. The Acute Care

Clinic (ACC) is the only clinic in most Air Force facilities in which virtually all patients have contact with a registered nurse during their visit. Therefore, only the ACC was used for this study.

The ACC is open from 7:00 a.m. to 8:00 p.m. Monday through Friday. It is also open on weekends and holidays from 9:00 a.m. to 3:00 p.m. The clinic is staffed by medical technicians, Air Force nurses, and providers, which may include physicians or physicians' assistants. Patients are seen on a walk-in basis, and may be given an appointment or referred to the Family Practice Clinic if they are determined to have non-urgent problems. Medical technicians' responsibilities include acting as receptionist, assisting with procedures, administering some oral or intramuscular injections, inserting intravenous lines, manning a complex phone system, and coordinating referrals, admissions, and general paperwork. Nurses are responsible for initial assessments of patients, triage, some patient teaching, administering medications and treatments, evaluating the progress of patients, and managing the operation of the clinic in the absence of the nurse manager.

Instrument

Format

The Risser (1975) Patient Satisfaction Survey (PSS) was given to a sample of 95 patients from the ACC. The survey consisted of 25 items categorized into three subscales--technical-professional area, educational relationship area, and trusting relationship area. (See Appendix A.) The technical-professional area referred to the competent performance of nursing care tasks and listed statements such as, "the nurse is often too disorganized to appear calm" and "the nurse really knows what he/she is talking about" (Risser, 1975, p.49). The trusting relationship area referred to nursing behaviors that facilitate comfortable interaction and communication between patient and nurse. Statements within this subscale included such items as, "the nurse is

understanding in listening to a patient's problems" and "the nurse is a person who can understand how I feel" (Risser, 1975, p. 49). The educational relationship referred to the ability of nurses to answer patient questions, explain procedures, and demonstrate techniques (Hinshaw & Atwood, 1982). This subscale included statements related to the explanations or instructions provided by the nurse, such as, "the nurse gives directions at just the right speed" (Risser, 1975, p. 49). Respondents chose from five alternatives for each item: strongly agree, agree, uncertain, disagree, and strongly disagree. Fourteen of the items were skewed positively and scored from one (strongly agree) to five (strongly disagree). Eleven of the items were skewed negatively and scored from five (strongly agree) to one (strongly disagree). Individual attitudes related to nursing care were measured by the PSS and translated to a total mean satisfaction score, as well as to individual subscale satisfaction scores.

Reliability

Hinshaw and Atwood (1982) reported that Risser's PSS (1975) maintained internal consistency with Cronbach's alpha coefficients form .64 to .89 on the three subscales in two trials. They also reported a total scale alpha of .92 on the second trial. Haq (1993) reported Cronbach's alpha coefficients of .70 and above on all of the three subscales used in her study of satisfaction levels of older adults in a nursing center. In a summary of instruments measuring patient satisfaction with nursing care, McDaniel and Nash (1990) reported a Cronbach's alpha coefficient of .91 with the Risser (1975) PSS.

Validity

There is little information on the validity of the instrument, as minimal testing has been conducted. Face validity has been claimed, and there is some evidence of construct validity (McDaniel and Nash,1990). Risser (1975) reports that "the positive

skewing of scores, expected from results of other satisfaction studies of medical personnel, provided one evidence of construct validity" (p. 50). Hinshaw and Atwood (1982) document that the intersubscale correlation coefficients ranged from r = .60 to r = .81, and that the technical-professional and trusting subscales had multicollinear coefficients.

It should be noted at this point that the researcher's selection of this tool was based on the lack of tools available for use in the ambulatory setting. McDaniel and Nash (1990) summarized the tools available for use to measure patient satisfaction, and of the twenty-one tools listed, only three were developed for use in the outpatient clinic arena. Information on the reliability and validity of the other two tools was unavailable.

In addition to the Risser PSS, participants were asked to complete a demographic tool designed by the researcher. (See Appendix B.) This tool attempted to gain information regarding gender, age, frequency of visits, branch of military service, active duty versus retired or dependent status, and overall degree of satisfaction with the nursing care received on this visit. All items on the PSS and the demographic tool required only circling of the responses. A section entitled "Comments" followed the last question on the demographic tool to allow subjects to provide any additional information which they believed to be pertinent to understanding patient satisfaction.

Sample

The survey was given to a convenience sample of 95 patients in the ACC. Pediatric patients' parents received the survey. Participants were selected by the researcher based on contact with the nurse. During the survey period, patients or parents of pediatric patients who had direct contact with the nurse during their clinic visit were asked to complete a survey.

Data Collection

The survey was administered in the ACC during March and April of 1997. Permission to conduct the study was obtained from the Florida State University Institutional Review Board and from the selected Air Force installation's medical commander and senior nurse executive. The researcher was responsible for the administration and collection of the surveys. The nurses were cognizant of the researcher's presence and the general purpose of the study, but were not given access to the survey questions or subscales. Participants were selected by the researcher and provided with a packet containing an informed consent letter, a copy of the Risser (1975) Patient Satisfaction Survey, the demographic information tool, a pencil, and a 10 inch by 13 inch brown envelope. Each was approached by the researcher and given some brief instructions regarding the purpose of the research study. A box labeled "Surveys" was placed at the reception desk in the ACC.

Selection criteria for survey participants included the ability to read and understand English, willingness to participate, and contact with one of the clinic's registered nurses. Confidentiality of responses was maintained by enclosure in a brown envelope after completion. The nurses in the three clinics did not view the survey questions in advance of the study. For the purposes of this study, data was analyzed collectively and not categorized by specific date seen, thus protecting the nurses from individual repercussions.

Participants were given an informed consent letter to read prior to initiating responses. This informed consent letter instructed potential participants that participation was purely voluntary and that lack of participation would not affect their care in any way. They were assured that their responses were confidential and would be tallied with the other respondents' surveys. Potential participants were instructed that they could withdraw from the study at any time without loss of benefits to which

they were otherwise entitled. Completion of the survey indicated informed consent by the respondent.

Summary

The Risser (1975) Patient Satisfaction Survey was administered to a total of 95 patients from the ACC. Demographic information was also collected from the respondents. The independent variables of the study included age, gender, frequency of visits, branch of service, classification of patient, and reported overall satisfaction. Other independent variables included the individual scores from each of the three subscales of the PSS. The dependent variable, mean patient satisfaction score, was correlated with each of the independent variables. Data regarding prevalence and frequency of the independent variables age, gender, frequency of visits, branch of service, and classification of patient was also calculated and analyzed for trends.

CHAPTER IV

RESULTS OF DATA COLLECTION

Overview

The Risser Patient Satisfaction Survey was administered to 95 persons visiting a military acute care clinic in the spring of 1997. The researcher was present in the clinic and provided outpatients with an informed consent letter, a copy of the survey, a pencil, a clipboard, a brown envelope, and brief instructions on the purpose of the study. If the patient or parent of the patient agreed to participate, they were asked to anonymously complete the survey and place it in the brown envelope provided. Two people declined to participate related to personal time constraints, and three surveys were discarded due to failure to complete at least 50% of the demographic data or 50% of the PSS. Respondents who completed only the demographic data or the PSS were included in the study. A total of 90 respondents was used for data analysis.

The respondents were chosen from a convenience sample of patients seen in the Acute Care Clinic (ACC) on six days over a three week period. Days for data collection varied from weekdays to weekends and were selected to obtain responses from patients who had encounters with one or more of seven different nurses so as not to evaluate the performance of a single nurse. Typically, the nurses in this clinic work a rotating schedule of twelve-hour shifts. Therefore, days for data collection were chosen to obtain an overview of satisfaction with a variety of nurses. Both Air Force active duty and Air Force Reserve nurses were employed in the ACC during this study period.

Permission to obtain information for this research study was obtained from the Florida State University Institutional Review Board and the Air Force facility's senior nurse executive and commander. The nurse manager of the ACC was also consulted and granted permission for data collection. The clinic nurses and nurse manager were not allowed to review the survey questions prior to data collection in order to avoid behavioral changes related to content of the survey. They were instructed that the study's purpose was to determine which factors influenced satisfaction or dissatisfaction with nursing care.

Treatment of Data

The dependent variable of the study was mean satisfaction score. The independent variables were age, gender, frequency of visits, branch of service, classification of patient, Technical-Professional Relationship subscale score, Educational Relationship subscale score, Trusting Relationship subscale score, and reported overall satisfaction. Descriptive statistics and frequencies were calculated for the independent variables age, gender, frequency of visits, branch of service, and classification of patient. The data were then subjected to Pearson correlations of each independent variable with all other variables.

Demographics

Demographic data was obtained via a seven-item survey. Information related to age, gender, frequency of visits, branch of service of self or sponsor, classification of patient, overall satisfaction rating, and clinic in which the patient was seen was collected. The researcher initially planned to survey clients from a variety of clinic settings. However, the variable of clinic in which the patient was seen was eliminated from this study prior to data collection when it was discovered that patients had only occasional contact with RN's in clinics other than the ACC. The ACC at this facility is the only clinic in which all patients have contact with an RN through a triage system.

Age

Age ranges of patients consisted of infants through older adults. Parents of children under the age of 18 years were asked to complete the survey for them. Respondents selected an age range of less than 10 years, 11-20 years, 21-30 years, 31-40 years, 41-50 years, 51-60 years, 61-70 years, 71-80 years, 81-90 years, or 90 or more years. Results demonstrated that the majority, or 26.4%, were less than 10 years old. The 21-30 years and 31-40 years age groups held the next greatest percentage of respondents with 19.5% and 20.7%, respectively. In descending order of prevalence, the following age groups were represented: 11-20 years, 8.0%; 41-50 years, 8.0%; 51-60 years, 6.9%; 61-70 years, 5.7%; 71-80 years, 2.3%; and 81-90 years, 2.3%. There were no respondents older than 90 years. (See Figure 1.) Three respondents failed to report their age range.

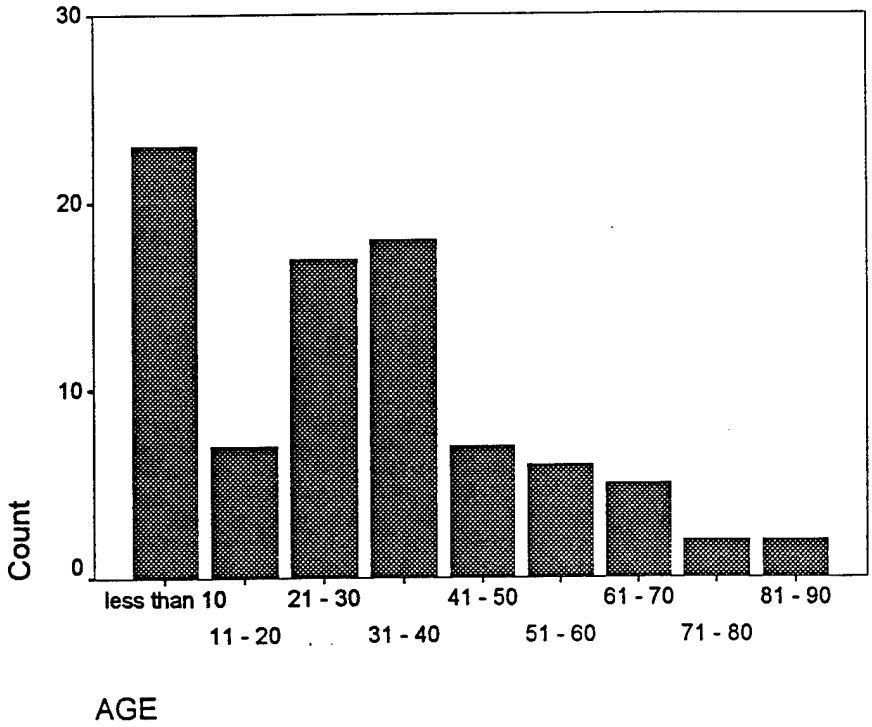

Figure 1: Age Distribution

The distribution of age ranges was positively skewed, and there was a significant correlation of 0.35 (p=.01) when age was correlated with classification of patient. This is likely to be the result of the respondent's age dictating the relative classification. In other words, respondents less than 10 years old were always classified as dependents, those in the young adult age groups were usually in the active duty classification, and those in the older adult age groups were expected to be in the retiree or dependent of retiree groups. There were no other significant correlations with any other variables.

Gender

Of the 87 respondents who reported gender on their surveys, 45 (51.7%) were male and 42 (48.3%) were female. (See Figure 2.) Correlations with the other independent variables and the dependent variable, mean satisfaction, were not significant at any level. Three respondents did not report their gender.

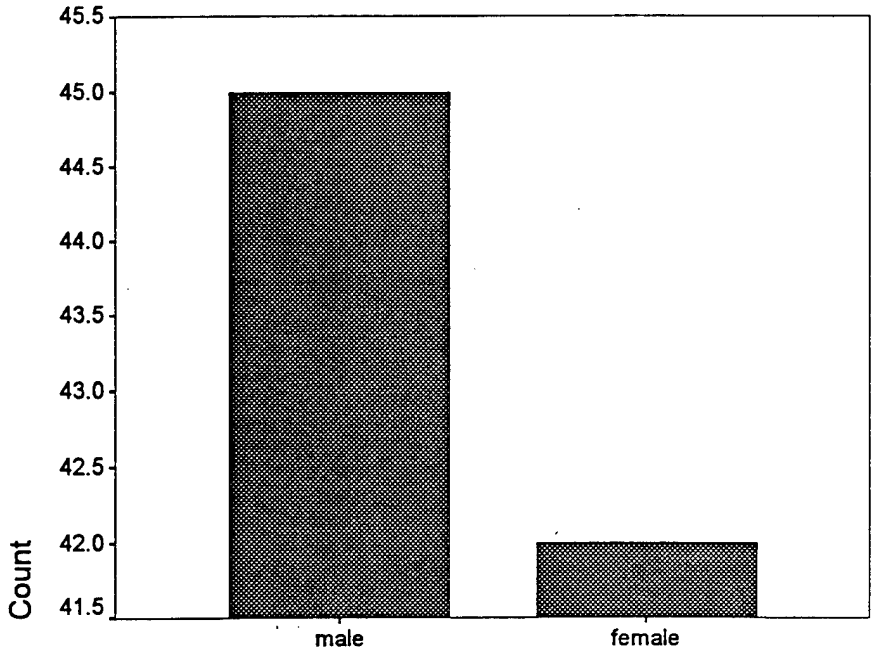

Figure 2: Gender Distribution

Frequency of Visits

The overwhelming majority of respondents, 80.2%, reported their frequency of visits to be only one to two visits per year. Of the remaining respondents, 17.4% reported five to six visits per year, and 2.3% reported eight to ten visits per year. (See Figure 3.) There were no significant correlations with any of the other independent variables or with the dependent variable. Four respondents failed to report their frequency of visits.

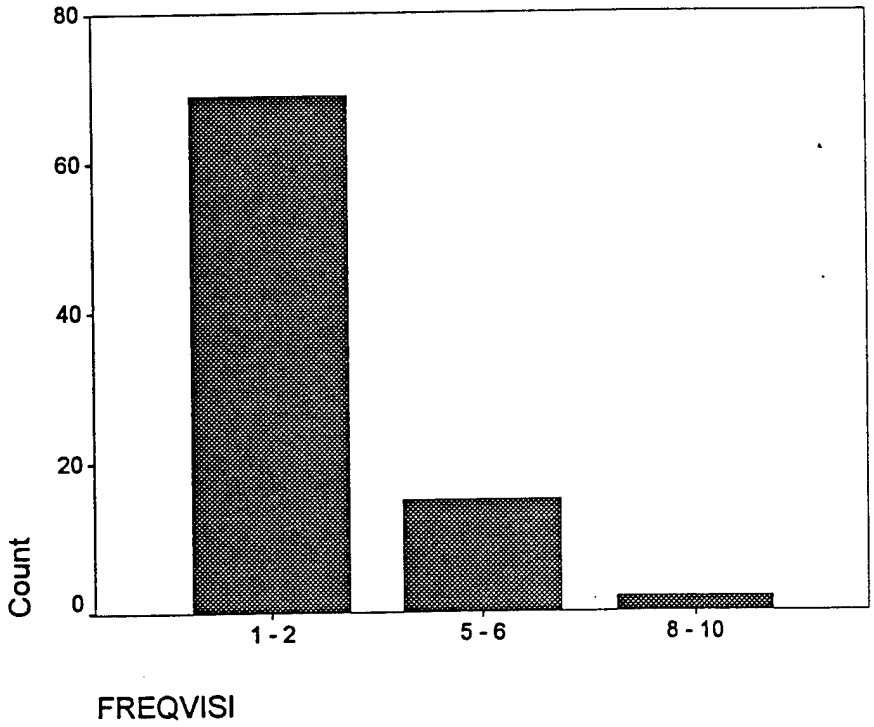

Figure 3: Frequency of Visits Distribution

Branch of Service

Air Force members and their dependents comprised 70.1% of the respondents. This was expected due to the ACC being located on an Air Force facility. The second most prevalent branch of service in the geographical area is the U.S. Navy, which has a small facility approximately twenty miles west of the Air Force base. Thus, Navy

members and their dependents comprised 17.2% of the remaining respondents. Other respondents reported their branch of service as U. S. Army, 6.9%, U. S. Marines, 2.3%, Air National Guard, 2.3%, and U. S. Coast Guard, 1.1%. (See Figure 4.) Correlations between branch of service and the other independent variables and dependent variable revealed no significant correlations. Three respondents failed to report their branch of service.

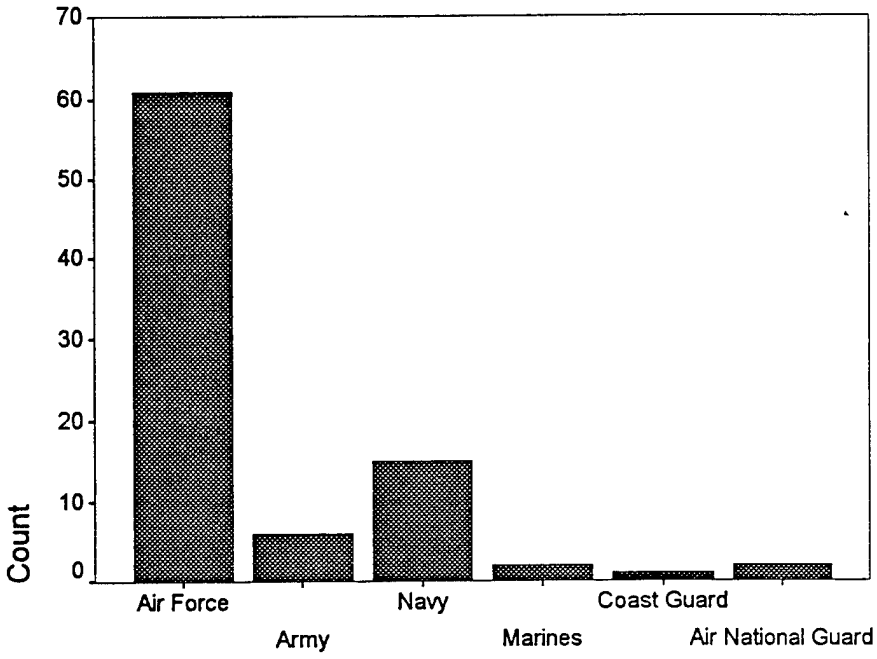

Figure 4: Branch of Service Distribution

Classification of Patient

Respondents were asked to identify themselves as active duty, dependent of active duty, retiree, or dependent of retiree. Of the 88 who responded to this question, 45.5% reported their status as dependents of active duty. Active duty and retired services members each comprised 20.5% of the respondents, while 13.6% reported a status of dependent of retiree. (See Figure 5.) Two respondents failed to

report their status. As previously stated, there was a correlation of 0.35 (p=.01) when classification was correlated with age.

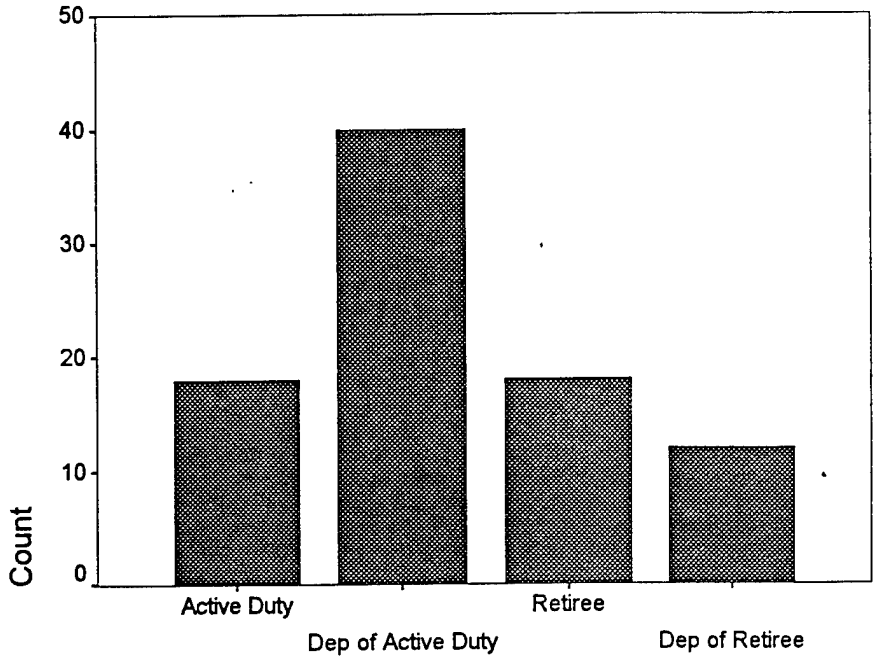

Figure 5: Classification of Patient Distribution

Reported Satisfaction

Respondents were queried regarding their "overall satisfaction with the nursing care received." They were asked to select a response of "very satisfied," "somewhat satisfied," "uncertain," "somewhat dissatisfied," or "dissatisfied." Their response received a score of 5,4,3,2,or 1, respectively. These scores were measured to informally assess the validity of the PSS scores. Pearson correlation coefficients demonstrated a significant correlation of .377 (p=.01) between the mean satisfaction score of the PSS and the respondent's overall satisfaction response. Furthermore, Pearson correlations of each of the subscales of the PSS revealed significant correlations with the respondents' reported overall satisfaction as follows: Technical-

Professional Relationship, .343 (p=.01), Educational Relationship, .343 (p=.01), and Trusting Relationship, .402 (p=.01). The mean reported overall satisfaction was 4.66 on a 5.0 point scale.

Patient Satisfaction Survey Results

The Risser PSS was provided to each respondent and scored as individual subscales and as a total mean satisfaction score. The subscale scores were derived by calculating the total points for each question in each subscale (based upon a Likert scale of 1 to 5) divided by the number of questions answered within that subscale. The total mean satisfaction score was derived from totaling all of the scores for each question answered and then dividing by the total number of questions answered on the entire PSS. Eighty-one respondents completed at least 50% of the survey and were included in the data analysis. The mean of the total mean satisfaction score was 4.01 on a 5.0 scale. This equates to a level of "somewhat satisfied" on the overall satisfaction rating scale. The calculated standard deviation was 0.52. (See Figure 6.)

Pearson correlation coefficients were calculated between subscales and with each subscale and the mean satisfaction score The Technical-Professional Relationship and Educational Relationship scores were significantly correlated at 0.715 (p=.01). The Technical-Professional Relationship and Trusting Relationship were significantly correlated at 0.753 (p=.01). The Educational Relationship and Trusting Relationship were significantly correlated at the .784 (p=.01) level.

As expected, all three subscales were positively and significantly correlated with the total mean satisfaction score. The Technical-Professional Relationship score and mean satisfaction score were correlated at .878 (p=.01). The Educational Relationship and mean satisfaction score were correlated at .899 (p=.01). The Trusting Relationship score and mean satisfaction were correlated at .949 (p=.01).

The proportion of variance explained (PVE) was calculated as 77%, 81%, and 90%, respectively.

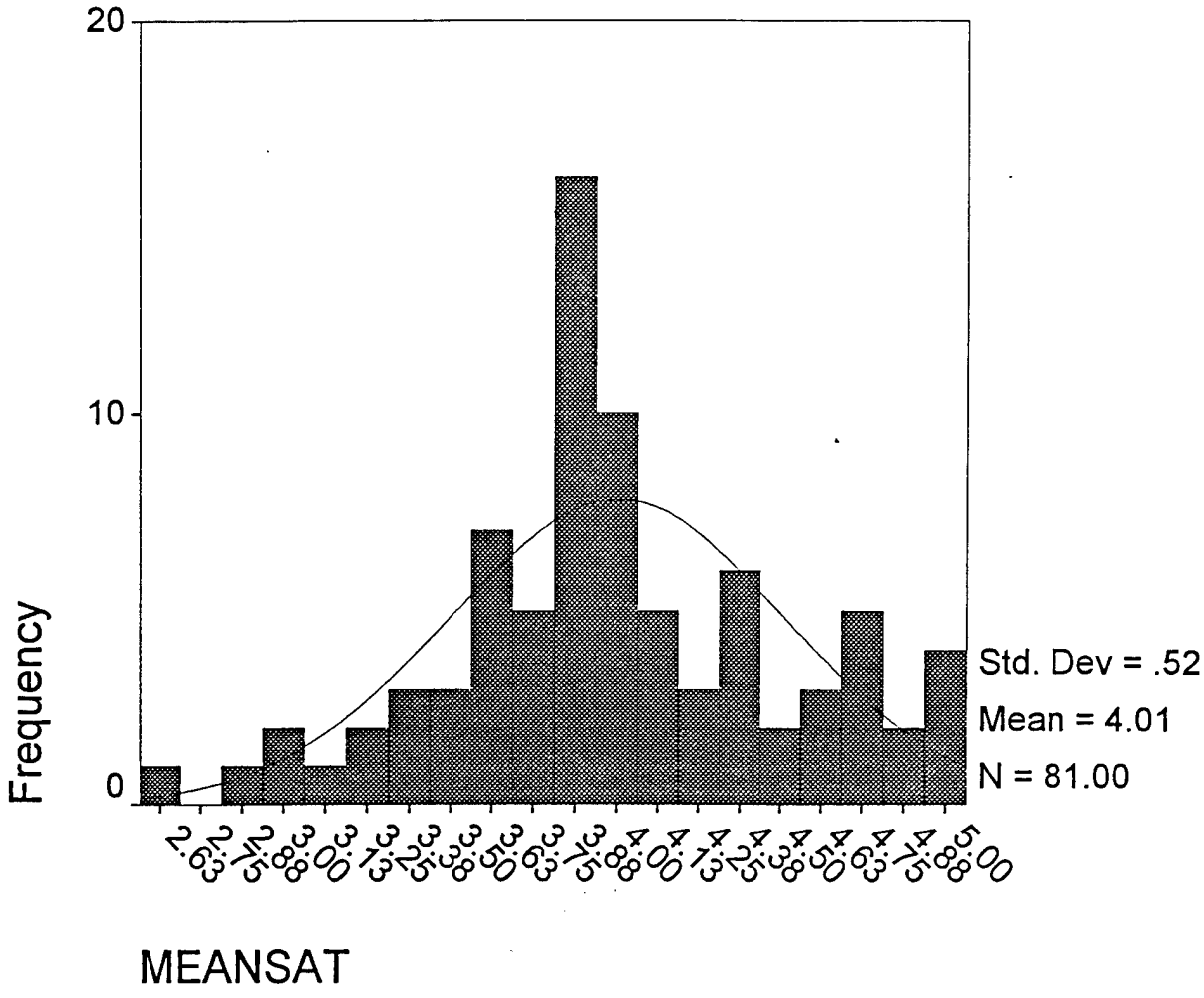

Figure 6: Mean Satisfaction Score Distribution

Respondents' Comments Related to Satisfaction

Most respondents failed to write comments in the "comments" section of the survey form. Of those who did write their comments, the majority were positive and complimentary to the staff. Words used to praise the ACC staff included "friendly," "concerned," "professional," "kind," "pleasant," "quick," and "helpful." Others

commented that the staff was "hard-working" and had a "cheerful attitude." One respondent reported that the nurse provided "personalized care" and made their child "feel as comfortable as possible." The only derogatory comment related to nursing was one respondent's statement that "the nurse should be more involved." Many commented on the long wait in the ACC, but this is usually the result of many patients and few providers and not under the direct control of the ACC nursing staff.

Summary

The data collected over a three week period from a military ACC provided information related to differences in age, gender, frequency of visits, branch of service, classification of patients, and satisfaction with nursing care. Positive correlations were discovered between age and classification of patient, subscale scores and total mean satisfaction scores, and reported satisfaction and total mean satisfaction scores.

CHAPTER V

CONCLUSIONS

Discussion of Findings

The findings of this study support the researcher's hypothesis that the perceived quality of interpersonal relationships exerts the greatest influence on the degree of satisfaction with nursing care experienced by the patient. The data analyzed within this study reflected a higher positive correlation between the Trusting Relationship score and the mean satisfaction score than that of the Technical-Professional Relationship or Educational Relationship scores. Thus, the resultant satisfaction attained by the respondents was most dependent upon the level of satisfaction attained with the Trusting Relationship between patient and nurse. While the technical-professional and educational relationships with nursing staff also impact relative satisfaction as evidenced by the positive correlations with the mean satisfaction score, the trusting relationship apparently has the greatest impact on the patient's satisfaction with nursing care.

This is further evidenced in the correlations between the independent variable "reported overall satisfaction," with the individual subscale scores. Although the mean satisfaction score and the reported overall satisfaction rating only had a correlation of .377 ($p=.01$), the Trusting Relationship score and overall satisfaction rating had a correlation of .402 ($p=.01$). Correlations of .343 ($p=.01$) and .283 ($p=.01$) with the Technical-Professional and Educational Relationship scores, respectively, indicate that the patient's perceived overall satisfaction, independent of the total satisfaction score on the PSS, is more closely dependent upon that patient's perceived trust in the nurse.

The variables of age, gender, frequency of visits, branch of service, or classification of patient did not show any evidence of impacting the patient's satisfaction in this study.

Additionally, the study provides support for King's Theory of Goal Attainment. Assuming that when a patient's goals are met, satisfaction occurs, one can infer that a high degree of patient satisfaction is the result of attainment of that patient's goals. The questions on the PSS related to Trusting Relationship focus primarily upon communication between patient and nurse and the subsequent relationship that occurs when adequate communication occurs. The high correlation coefficient, .949 ($p=.01$), between the Trusting Relationship subscale score and the total mean satisfaction score, supports King's hypothesis that 'communication increases mutual goal setting between nurses and patients and leads to satisfaction' (as cited in Ackermann et al., 1992, p. 312). Likewise, this finding underscores the importance of the formation of meaningful interpersonal relationships leading to purposeful interactions, transactions, and ultimately, goal attainment. As King views health as the result of congruent goal-setting and goal attainment, it may be presumed that in the absence of a trusting relationship between patient and nurse, then optimal health may not be realized. Technical-professional and educational needs may be met, but satisfaction and goal attainment would be missing pieces of the total health picture.

This study provides further evidence that interpersonal relationships are a critical factor in achieving overall satisfaction, as previously documented (Ware, Snyder, Wright, & Davies, 1983; Mangelsdorff, 1994). Interestingly, comments of some of the respondents cited the nursing staff as "friendly" and "concerned," which are two of the terms used by Ware, Snyder, Wright, and Davies (1983) in their definition of interpersonal manner. The high correlation between mean satisfaction score and the Trusting Relationship subscale score confirmed findings by Mangelsdorff (1994) that interpersonal care is considered as one of the most important factors by

military members in determining their satisfaction. As in Haq's (1993) and Risser's (1975) research, patient satisfaction ratings were discovered to be uniformly high with a negatively skewed distribution.

In a similar fashion as the Brody et al. (1989) study, the technical area received the lowest correlation with mean satisfaction. Both the educational and trusting relationship areas had higher correlations with mean satisfaction and included the assessment of nontechnical interventions such as patient education, listening ability, and approachability.

Gender and age were not found to have any effect on the satisfaction of the respondents as in the previous study by Hall, Irish, Roter, Ehrlich, and Miller (1994). However, data regarding the gender and age of the provider was not collected in this study. Likewise, the effects of consistency and convenience on satisfaction were not directly studied as in the Gonsalves, Minderler, and Tompkins (1995) study. Yet, it is of interest to note that an informal assessment of the patients seen in the ACC revealed an inability to gain access to appointments in the appropriate clinics. The overwhelming majority of patients seen in the ACC had relatively minor acute problems or exacerbations of chronic problems. A few comments provided by respondents on the survey indicated that the inconvenience of long waits in the ACC may have detracted from their satisfaction with their visit, but did not necessarily affect their satisfaction with the nursing care received.

Limitations

While this study focused on the nursing care received by the patient from registered nurses in this outpatient clinic, it is difficult and undesirable to eliminate the vital role the medical technicians play in performing nursing related tasks. The medical technicians are the first health care personnel that patients come in contact with in most military outpatient clinics. In the ACC, nurses triage the patients, elicit pertinent

medical histories, perform the initial patient assessments, administer medications and treatments, evaluate patients after treatments, and provide education as necessary to patients and their families. The medical technicians are frequently trained in medication administration, intravenous line insertion, wound care, suturing, and various other treatment modalities. They also often provide patients with valuable health care information via telephone calls or informal questions. Although respondents were asked to answer the survey questions related to the encounter they had with the registered nurse in the ACC, it would be impossible to exclude the effects which the medical technicians exert upon patients during their clinic visits. Therefore, the survey results are likely a reflection of the nursing care patients received, both from the nurses and the medical technicians.

Patient satisfaction was negatively skewed in this study with a greater number of respondents in the somewhat satisfied to very satisfied range. However, this skewness is more pronounced with the reported overall satisfaction ratings than with the mean satisfaction scores. There appeared to be a tendency to report a higher level of satisfaction with nursing care than that evidenced by the score derived from the PSS. This may be due in part to the inability of respondents to appropriately answer questions with which they had no previous experience with the nurse. For example, they may not have experienced any telephone conversation with the nurse, and may have responded with an answer of "uncertain," which lowered their mean satisfaction score. Future modifications of this tool might include a response which indicates that the respondent had no way to evaluate the nurse in a particular area. Without this knowledge of whether or not the patient actually had an encounter with a nurse relative to specific questions, it is unclear if the response is based upon experience or assumption.

In addition, the high inter-subscale correlations hint at the possibility that the three subscales are not truly measuring different aspects of nursing care, but rather are measuring the same attitude of satisfaction versus dissatisfaction of the respondent. This was actually questioned by the developer of the PSS who recommended future research utilizing the tool and including factor analysis on the subscale items (Risser, 1975). There is no available research to indicate that the tool has been used widely, thus, comparisons with other studies are nonexistent.

Furthermore, the PSS questions seem to be most appropriate for use after several visits to the same clinic rather than a single visit or encounter. This would enable respondents to draw from multiple encounters and experiences and thus reflect a more accurate representation of their overall satisfaction with nursing care. In the course of this study, respondents' contact with nurses varied from periodic assessments over the course of several hours to brief encounters during triage assessments. The brief amount of time spent with the nurse may have caused respondents difficulty in determining their attitudes to some of the questions.

Implications for Nursing

The area of patient satisfaction with nursing care in the outpatient arena has received little attention in the past. Other patient satisfaction studies have focused on the inpatient experiences with nurses or on satisfaction with physicians, physicians' assistants, and nurse practitioners. As healthcare moves more and more into the outpatient clinic, nurses must recognize opportunities to enact their many roles as care providers, case managers, patient educators, and administrators. Without this recognition, these roles will likely be assumed by other healthcare personnel who may not be as qualified to coordinate these multiple roles with the patient's best interests in mind. Therefore, it seems prudent to perform more studies which seek to define the

roles of registered nurses within outpatient clinics and promote the necessity of their presence in the outpatient arena.

Nurses in other settings might also benefit from being cognizant of factors which promote or detract from satisfaction. Outpatient encounters, such as those experienced through home health or rehabilitation services, require frequent, prolonged visits during which satisfaction with nursing care could motivate or demotivate patients to improve. Similarly, inpatient settings involve intense, costly care which could be more beneficial to patients if they are satisfied and perceive that their personal goals and needs are being met by the nursing staff.

Recommendations for Future Research

Nursing research into the area of satisfaction with care will continue to be important in the development of behaviors and techniques which promote attainment of healthcare goals. Just as the nursing process dictates continuous evaluation of nursing actions and subsequent alterations in them in the name of improving patient outcomes, researchers must constantly seek to describe and define the most effective nursing behaviors in order to broaden the nursing profession's knowledge base. Studies that delve into the realm of personal characteristics of nurses, including appearance, type of uniform, age, and gender, could provide useful information into the perception of patients. It would also be interesting to correlate length of encounter with the nurse and appointment waiting time with satisfaction with nursing care.

Qualitative research which reviews patient encounters and then analyzes them for elements of building trusting relationships between patients and nurses would be helpful in expanding nursing knowledge in this area. Focus groups or individual interviews might aid in allowing patients to verbalize favorable or unfavorable experiences and clarify expectations of nursing care. Other research into the

development of a simple, yet comprehensive, tool for measuring a single encounter with nurses in outpatient clinics might also be appropriate for those settings in which patients are seen rapidly and infrequently, such as walk-in clinics.

Finally, as nurses are moving into the advanced practice role of nurse practitioners, more studies into patient satisfaction with nurses as primary care providers are timely. While health maintenance organizations and hospital corporations are broadening their hold on the healthcare market, it is more crucial than ever that nurses demonstrate their positive effects on patient outcomes through their unique coordination of caring for patients, curing their illnesses, and cultivating satisfying relationships with them.

APPENDIX A

Risser (1975) Patient Satisfaction Survey

SD = Strongly disagree D = Disagree N = not certain

A = Agree SA = Strongly Agree

Subscale I: Technical-Professional Area

1. The nurse is skillful in assisting the doctor with procedures.

   SD D N A SA

2. The nurse really knows what he/she is talking about.

   SD D N A SA

3. The nurse is not precise in doing his/her work.

   SD D N A SA

4. The nurse makes it a point to show me how to carry out the doctor's orders.

   SD D N A SA

5. The nurse is too slow to do things for me.

   SD D N A SA

6. The nurse is often too disorganized to appear calm.

   SD D N A SA

7. The nurse gives good advice over the telephone.

   SD D N A SA

Subscale II: Educational Relationship Area

1. The nurse gives directions at just the right speed.

   SD D N A SA

2. The nurse asks a lot of questions, but once he/she finds the answers, he/she doesn't seem to do anything.

SD D N A SA

3. I wish the nurse would tell me about the results of my tests more than he/she does.

SD D N A SA

4. The nurse explains things in simple language.

SD D N A SA

5. It is always easy to understand what the nurse is talking about.

SD D N A SA

6. Too often the nurse thinks you can't understand the medical explanation of your illness, so he/she just doesn't bother to explain.

SD D N A SA

7. The nurse always gives complete enough explanations of why tests are ordered.

SD D N A SA

Subscale III: Trusting Relationship Area

1. The nurse is understanding in listening to a patient's problems.

SD D N A SA

2. The nurse should be more attentive than he/she is.

SD D N A SA

3. The nurse is just not patient enough.

SD D N A SA

4. When I need to talk to someone, I can go to the nurse with my problems.

SD D N A SA

5. The nurse is too busy at the desk to spend time talking with me.

SD D N A SA

6. The nurse is pleasant to be around.

SD D N A SA

7. I'm tired of the nurse talking down to me.

SD D N A SA

8. The nurse is a person who can understand how I feel.

SD D N A SA

9. A person feels free to ask the nurse questions.

SD D N A SA

10. The nurse should be more friendly than he/she is.

SD D N A SA

11. Just talking to the nurse makes me feel better.

SD D N A SA

Note. From "Development of an Instrument to Measure Patient Satisfaction with Nurses and Nursing Care in Primary Care Settings," by N. L. Risser, 1975, Nursing Research, 24, p. 49. Copyright 1975 by Lippincott-Raven Publishers. Reprinted with permission.

APPENDIX B

Demographic Information

Please circle or complete appropriate responses.

How satisfied overall are you with the nursing care you received today?

VERY SATISFIED SOMEWHAT SATISFIED UNCERTAIN

SOMEWHAT DISSATISFIED DISSATISFIED

Clinic in which the survey was completed: Family Practice OB/GYN

Pediatrics Internal Medicine Acute Care

Age of patient seen (in years): less than 10 11 - 20 21-30 31 - 40 41-50

51 - 60 61-70 71 - 80 81 - 90 90+

Gender of patient seen: Male Female

Frequency of visits to this clinic per year: 1-2 visits 5-6 visits 8-10 visits

Branch of service of self or sponsor: Air Force Army Navy Marines Coast Guard

Classification of patient: Active Duty Dependent of Active Duty

Retired Dependent of Retiree

Comments related to your satisfaction with the nursing care received:

APPENDIX C

INFORMED CONSENT LETTER

Dear Research Participant,

I am conducting a research study entitled "Factors Influencing Patient Satisfaction with Nursing Care in a Military Outpatient Clinic." My name is Susan F. Ball, and I am a graduate nursing student at Florida State University in the Family Health Nursing program. The purpose of my research is to determine which factors affect a person's satisfaction with the nursing care he or she receives. If you volunteer to participate in this study, you will be asked to complete a survey of questions about the nursing care you or your dependent received, as well as some information about yourself or your dependent. You will be asked to complete a pencil and paper survey which will take approximately ten minutes.

All of your answers to the survey will be kept confidential. Your name will not appear in any of the results. The results of this study will be reported as group findings. If you choose to provide any written comments about this study or the nursing care received, those comments will be grouped with any other similar comments and reported in the study. Again, your name or identifying information will **not** be reported along with these comments. You may withdraw your participation from this study at any time.

There is a possibility of minimal risk involved with participation in this study. You may experience some anxiety in completing the survey or in reflecting on your experiences with the nursing care you or your dependent received. The researcher will be present should you need to talk with her about any emotional discomfort you may experience while participating. You are free to stop your participation at any time and for any reason.

The benefit involved in this research study includes providing health professionals with valuable information related to meeting the needs of clients. This information will be helpful in determining which nursing behaviors or actions promote the greatest satisfaction with care and implementing those behaviors or actions into practice.

Your consent to participate may be withdrawn at any time without prejudice, penalty, or loss of benefits to which you are otherwise entitled. You have the right to ask and have answered any inquiry concerning the study. Your questions must be answered to your satisfaction.

You may contact the researcher, Susan F. Ball, (904) 233-9647, or the researcher's faculty advisor, Mary Jo Goolsby, (904) 644-5362, should you have questions regarding this research or your rights. Group results will be sent to you upon your request.

If you freely and voluntarily and without element of force or coercion, consent to be a participant in the research study entitled "Factors Influencing Patient Satisfaction with Nursing Care in a Military Outpatient Clinic," please complete the following survey forms, place them in the brown envelope provided, and place it in the box labeled "Surveys" at the reception desk. Completion of the survey indicates that you have read and understood this form and give your informed consent to participate. Thank you for your participation.

Susan F. Ball, RN

APPENDIX D

Lippincott - Raven
PUBLISHERS

A Wolters Kluwer Company

Permissions
Tel: 215-238-4361
Fax: 215-238-4419

January 16, 1997

Susan F. Ball, RN
3824 Quail Street
Panama City Beach, FL 32408

Dear Ms. Ball:

Permission is hereby granted to include the Risser Patient Satisfaction Scale from:

Nursing Research Vol. 24, No. 1, January-February 1975

in your manuscript, using the standard format and footnotes suggested in the UNIVERSITY OF CHICAGO STYLE MANUAL or those required by your university.

However, if the dissertation is selected for commercial publication and a contractual agreement has been signed, then you should submit your formal permission request to this office.

This course of action must be taken since many times representation of the copyrighted material may change between the time a thesis is submitted and the date that a contractual arrangement for publication has been secured.

Congratulations as you complete your advanced studies, and with very best wishes for your future work.

Sincerely,

TWechsler

Tobias Wechsler
Permissions Assistant, Journals

APPENDIX E

Florida State
UNIVERSITY

Office of the Vice President
for Research
Tallahassee, Florida 32306-3067
(904) 644-5260 • FAX (904) 644-1464

APPROVAL MEMORANDUM March 13, 1997

TO: **Susan F. Ball** (Nursing)
3824 Quail Street
Panama City Beach, FL 32408

FROM: Betty Southard, Chair BS/hh
Human Subjects Committee (IRB)

Re: Use of Human Subjects in Research
Project entitled: **Factors Influencing Patient Satisfaction with Nursing Care in Military Outpatient Clinics**

The forms that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be exempt per 45 CFR § 46.101(b)2 and has been approved by an accelerated review process. You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. Also, the principal investigator must promptly report, in writing, any unexpected problems causing risks to research subjects or others.

If the project has not been completed by March 13, 1998 you must request renewed approval for continuation of the project.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is M1339.

BS/hh
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